



## **ADDENDUM #1**

### **RFP #FY 2018-2019-005 GROUP LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMET (AD&D), SUPPLEMENTAL LIFE INSURANCE AND LONG-TERM DISABILITY INSURANCE FOR CITY OF HALLANDALE BEACH**

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Please ensure you check the City's website for the latest addendum released for this project. Below finds the link to the City's website: [www.cohb.org\solicitations](http://www.cohb.org\solicitations).

**Firm must provide this form signed by an authorized officer of your Firm to acknowledge receipt of ADDENDUM #1 and provide with your Firm's response.**

**PLEASE NOTE: RFP DOCUMENT, PAGE 30, REFERENCE CHECK FORM SECTION – REVISED AS OF 4/16/2019.**

#### **CHANGE FROM:**

#### **REFERENCE CHECK FORM SECTION**

**Please note: The references provided below must be the same as the services provided for response to MQR # 3.**

References are required as a component of due diligence to determine the capability of the proposing Firm to be able to perform the required services.

- Proposing Firm must provide three (3) verifiable governmental customer references of current clients with similar size and/or industry as the City being requested in this RFP within the past three (3) years. At least two (2) of these references must be from other City or County Governments of similar size within the State of Florida.
- Proposing Firm must send to three (3) references and obtain back a completed and signed [Reference Check Form](#) for each of proposing Firm's requested three (3) references.
- Proposing Firm must include the requested three (3) completed and signed Reference Check Forms within proposing Firm's submission on the USB drive.

Do not provide more than three (3) references.

The City will send the references provided a request for confirmation via email within no later than two (2) business days from receipt of proposals. If the reference is not available or unable to respond within two (2) business days from email request, the reference will not be considered valid. This will cause Firm to lose points awarded for this criterion. Therefore, ensure that the references provided are aware they will be receiving a confirmation of reference email from the City of Hallandale Beach to confirm the references which were submitted with the Firm's response.

**CHANGE TO:**

**REFERENCE CHECK FORM SECTION – REVISED AS OF 4/16/2019**

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GROUP LIFE INSURANCE AND ACCIDENTAL DEATH  
AND DISMEMBERMET (AD&D), SUPPLEMENTAL LIFE  
INSURANCE AND LONG-TERM DISABILITY INSURANCE  
FOR CITY OF HALLANDALE BEACH

ADDENDUM # 1

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**PLEASE NOTE RECEIPT OF ADDENDUM #1 BY SIGNING BELOW AND INCLUDE WITH YOUR FIRM'S SUBMISSION.**

**I ACKNOWLEDGE RECEIPT OF ADDENDUM #1:**

Company:	
Name:	
Title:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department